



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Boston, MA 02114

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DIRECTOR

**AFFIDAVIT OF MILITARY SPOUSE STATUS**

I, \_\_\_\_\_ the undersigned, being duly sworn, do depose and state under the penalties of perjury that:

1. I am a licensed professional certified or licensed in a state other than the Commonwealth of Massachusetts
2. My certification or license is current and in good standing.
3. No disciplinary action has been taken, or to my knowledge is pending, against my certification or license.
4. My spouse is a member of the armed forces of the United States.
5. My spouse is the subject of a military transfer to the Commonwealth of Massachusetts.
6. I left employment in another state to accompany my spouse to the Commonwealth of Massachusetts.
7. I have attached to this affidavit a copy of my military identification card and a copy of my spouse's transfer orders.
8. I understand that I may need to provide the Division of Health Professions Licensure with additional documents in support of my application.

Subscribed and sworn by me under the pains and penalties of perjury on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public  
My Commission Expires: \_\_\_\_\_